



Tennessee Department of Environment and Conservation,
Division of Water Resources
William R. Snodgrass-Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor, Nashville, TN 37243
(615) 532-0625

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
STATE OPERATING PERMIT (SOP)
NOTICE OF INTENT (NOI)**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☐ SOPC00000 (no discharge) ☐ Unknown, please advise
Application type: ☐ New Permit ☒ Permit Reissuance ☐ Permit Modification
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: 0013

OPERATION IDENTIFICATION

Operation Name: <u>Smith Farms</u>		County: <u>Loudon</u>
Operation Location/ Physical Address: <u>4859 New Hope Rd. Sweetwater, TN 37874</u>		Latitude: <u>35.658143</u> Longitude: <u>-84.484431</u>
Name and distance to nearest receiving water(s): <u>N/A</u> If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers: <u>N/A</u>		
Animal Type: <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input checked="" type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals: <u>350 400</u> Number of Barns: <u>1</u> Name of Integrator: _____		
Type of Animal Waste Management: (check all that apply) <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP <input type="checkbox"/> NMP Attached Attach the closure plan <input type="checkbox"/> Closure Plan Attached Attach a topographic map <input type="checkbox"/> Map Attached		

PERMITTEE IDENTIFICATION

Official Contact (applicant): <u>Alvin James Smith, III</u>		Title or Position: <u>owner</u>	
Mailing Address: <u>461 Pond Creek Rd</u>		City: <u>Sweetwater</u>	State: <u>TN</u> Zip: <u>37874</u>
Phone number(s): <u>423-807-1035</u>		E-mail: <u>sandeessmith77@yahoo.com</u>	
Optional Contact:		Title or Position:	
Address:		City:	State: Zip: <input type="checkbox"/> Correspondence
Phone number(s):		E-mail:	<input type="checkbox"/> Invoice

APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with the requirements of Rule 0400-40-05-.14)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and title; print or type <u>Alvin James Smith, III</u>	Signature <u>Alvin James Smith III</u>	Date <u>9-1-2016</u>
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STATE USE ONLY

Received Date	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
	Impaired Receiving Stream	High Quality Water		NOC Date